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Bib Data Sheet

CONFIRMATION NO. 7937

<b>SERIAL NUMBER</b> 10/676,616	<b>FILING OR 371(c) DATE</b> 09/30/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b> 005618.P3611
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*None PS*

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None PS*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/19/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Philip Gray</i> Examiner's Signature Initials <i>PS</i>	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 42	<b>TOTAL CLAIMS</b> 137	<b>INDEPENDENT CLAIMS</b> 12
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## TITLE

Deflectable catheter assembly and method of making same

<b>FILING FEE RECEIVED</b> 3612	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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